

State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
WELL ABANDONMENT REPORT

For Official Use Only:

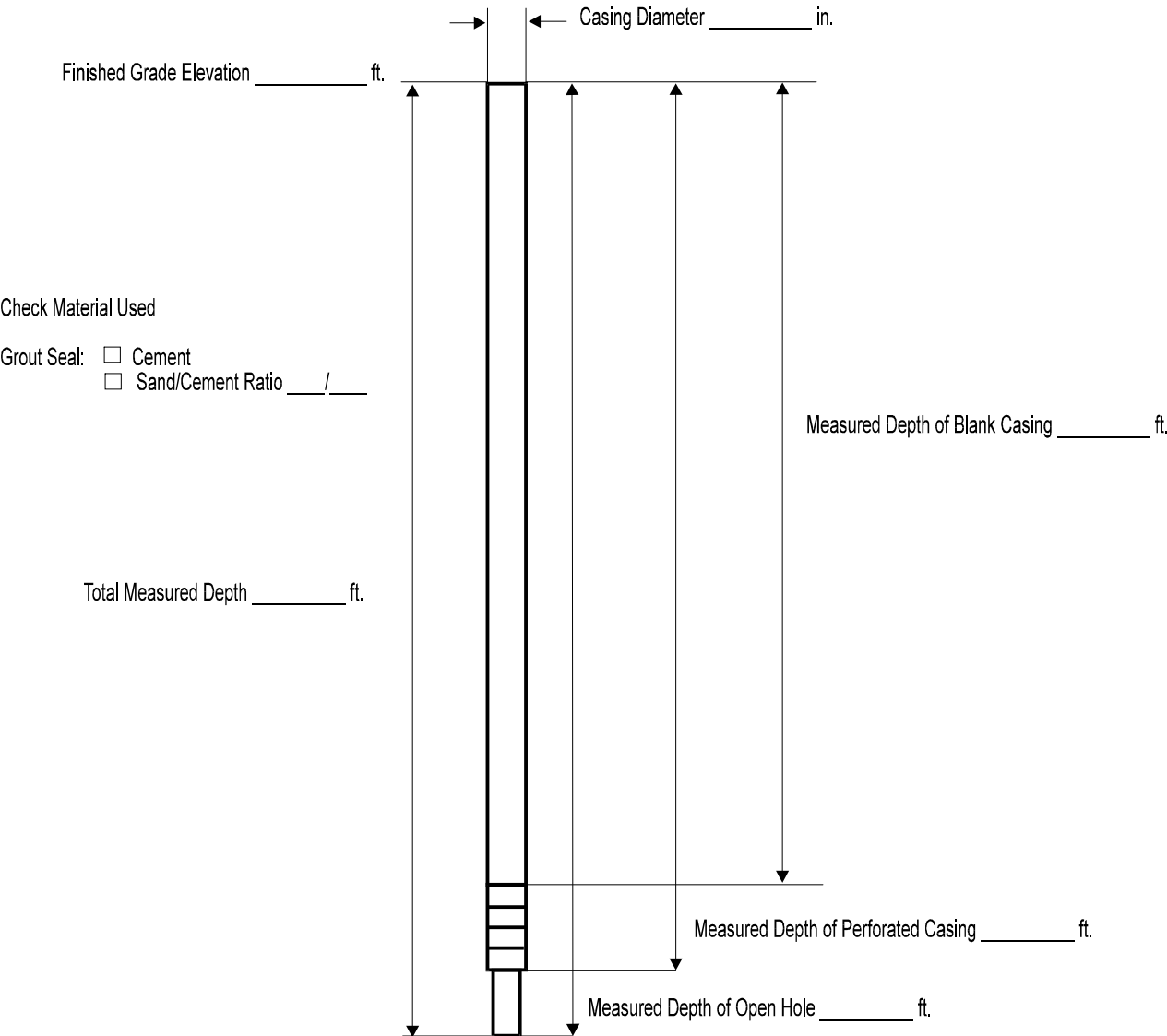
Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at 587-0225. For further information and updates to this application form, visit <http://www.hawaii.gov/dlnr/cwrm>.

1. State Well No. _____ Well Name _____

2. Location / Address _____ Island _____ TMK _____

3. Contractor _____ Name of driller who performed work _____

4. Type of Rig / Construction _____ Date of well sealing completion _____



Remarks: _____

Well Abandonment

Contractor (print) _____ C-57 Lic. No. _____

Signature _____ Date _____

Applicant (print) _____

Signature _____ Date _____